

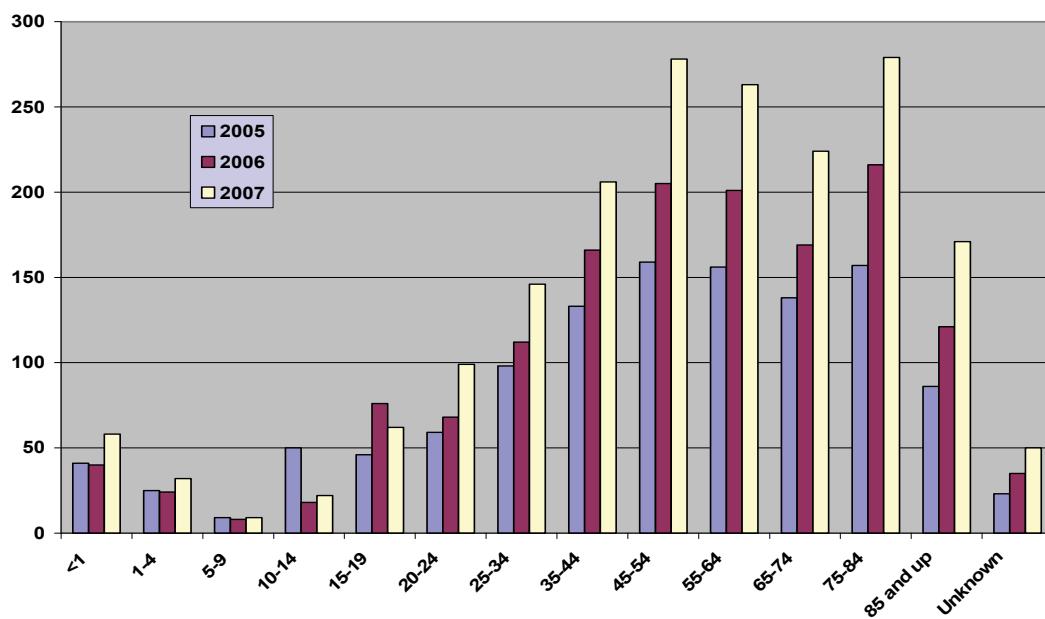
- Trauma System
- EMS for Children
- Stroke System
- Poison Control Network
- Emergency Medical Informatics
- Statewide Trauma Registry
- Prehospital Patient Care Reporting
- Durable Do Not Resuscitate

Fact Sheet—Prehospital Use of Intraosseous Access

April 18, 2008

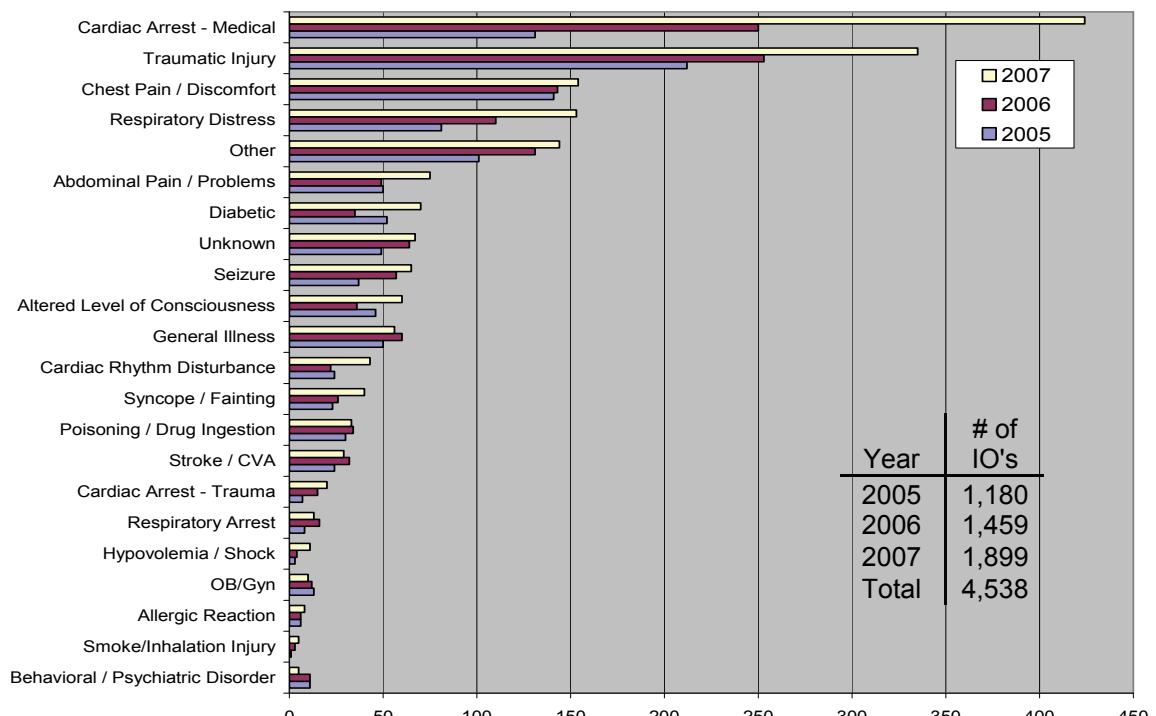
As has been envisioned by the Institute of Medicine (IOM), the Office of EMS supports the growth of EMS to an evidence based practice. This fact sheet is aimed at supporting the decision making process on issues that may have an impact system wide. With the maturing of the Prehospital Patient Care Reporting (PPCR) program and the Virginia Statewide Trauma Registry (VSTR), OEMS has an additional tool to assist in this process.

IO Use by Age Group



OEMS has been seeing a rise in the request for Intraosseous devices through the Rescue Squad Assistance Fund (RSAF) grant program during the last three cycles. Excluding this current cycle, RSAF has funded \$553,245 since 2006. Additional request are being considered for the spring 2008 grant cycle that have not been added to this amount.

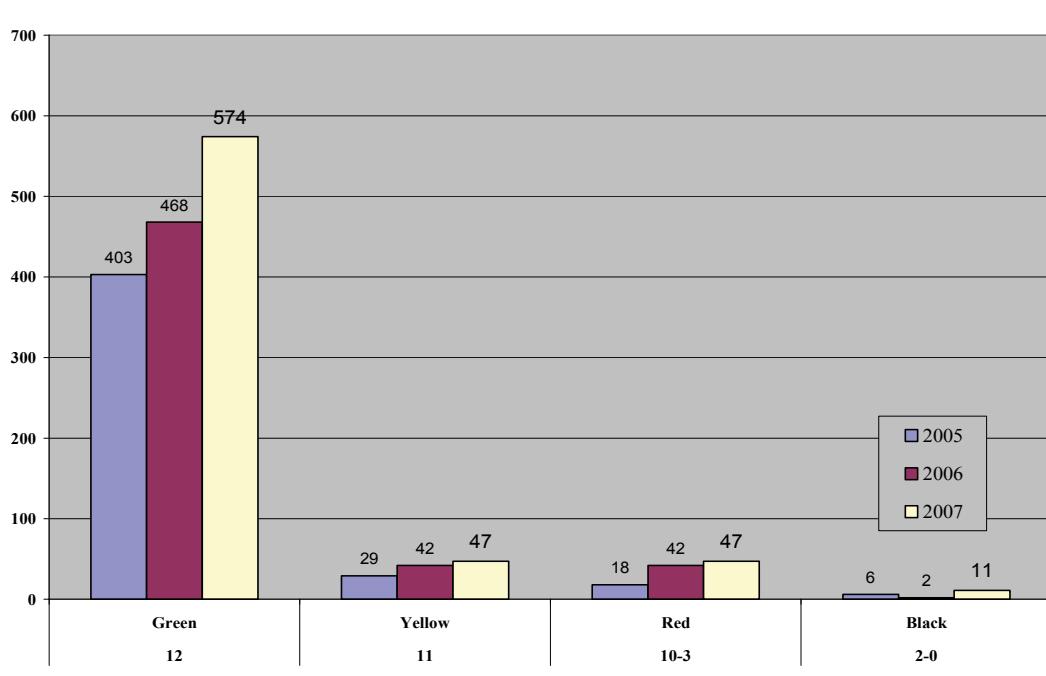
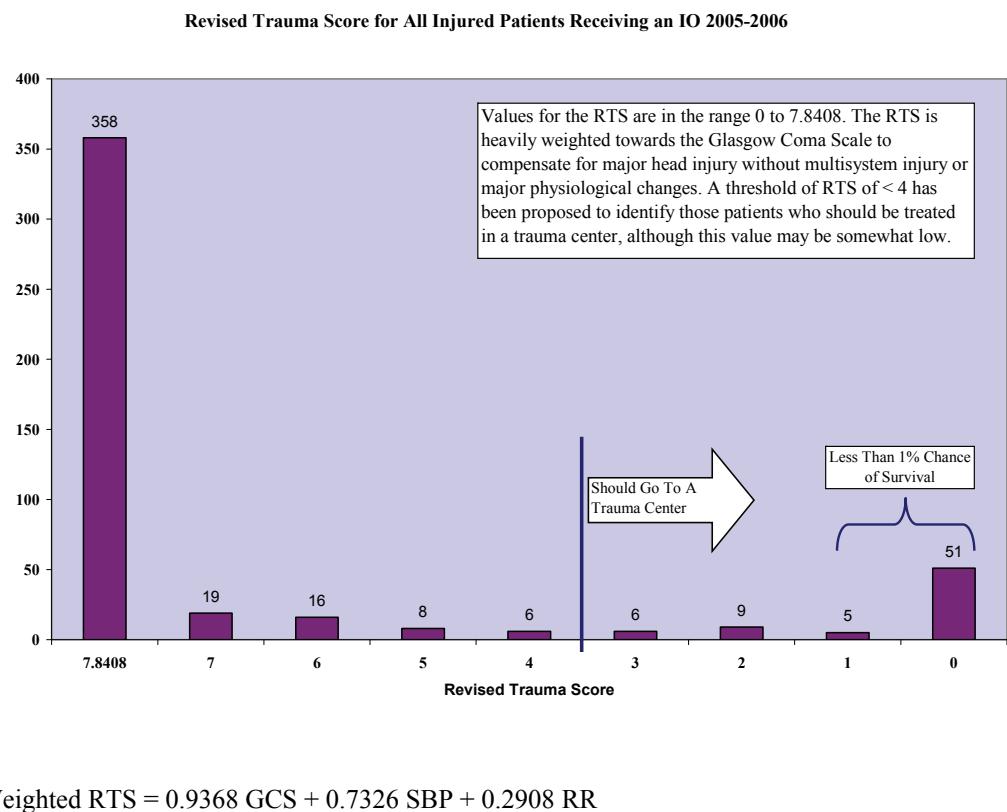
	2006	2007
BREMS	48	32
CSEMS	124	138
LFEMS	35	28
NOVA	74	192
ODEMSA	340	450
PEMS	136	140
REMS	86	105
SWEMS	116	148
TJEMS	57	168
TEMs	177	268
WVEMS	268	218
Unk Reg.	10	12



Note: Injury is the second leading patient type that Virginia EMS providers use IO devices for in Virginia at 18%, second only to medical cardiac arrests.

RTS: the Revised Trauma Score is a physiological scoring tool used to predict the mortality in injured patients. There are two RTS scales, but both utilize GCS, systolic B/P, and Respiratory rate. The most commonly used RTS tool used is the weighted scale that gives emphasis to the GCS score. The field triage RTS assigns points equally to GCS, SBP, and resp. rate

GCS	SBP	RR	Value
13-15	>89	10-29	4
9-12	76-89	>29	3
6-8	50-75	6-9	2
4-5	1-49	1-5	1
3	0	0	0



Note: the chart to the left utilizes the “field triage” RTS scoring. In this chart a green patient would have a GCS of 13-15, a SBP >89, and a RR between 10-29.

IO's traditionally were limited to the pediatric population; with the increasing technology in adult IO devices the trend to use IO in non-trauma and non-cardiac arrest patients is growing.

RTS is not recommended for ages <3 y/o. All patients on this page are >6 y/o.

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